ED 91

DEPART CENTER	FORM	10/02/20 M APPROVE						
CENTERS FOR MEDICARE & MEDIC STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVID IDENTIFIE		(X1) PROVIDER/SUPPLIE			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		505252		B. WING _		10/(02/2013	
	ROVIDER OR SUPPLIER NURSING AND RE	HABILITATION CE	1031 S		STATE, ZIP CODE ST 130TH STREET 146			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATOR) OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETION		
K 000	INITIAL COMMENT	rs		K 000				
	Surveyor: 19192 On October 2, 2013 an unannounced fire and life safety code recertification survey was conducted at Burien Nursing and rehabilitation Center located at 1031 SW 130 th St Burien WA 98146 by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483 70. This facility is a two story type V-A structure the building is protected throughout by a full NFPA 13 fire sprinkler system and automatic smoke detection in the corridors and common areas, exiting is direct to grade from the first floor and due to the exterior grade through rated stair enclosures and direct to grade from the second floor.				Preparation and/or execution or plan of correction does not constitute the provider's admiss of or agreement with the facts alleged or conclusions set forth the statement of deficiencies. It plan of correction is prepared a executed solely because the provisions of federal and state I require it			
Taglital removes	The licensed capacity of this facility is 140 with a census today of 113.							
	Deputy State Fire M		_					
K 018	NFPA 101 LIFE SAF	ETY CODE STAND	DARD	K 018				

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

required to resist the passage of smoke. There

(X6) DATE 10/3/13

Any deficiency statement ending with an asteriak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencles are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 10/02/2013 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

10/02/2013

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 505252 B. WING __ NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BURIEN NURSING AND REHABILITATION CE 1031 SOUTHWEST 130TH STREET

BURIEN, WA 98146

	DOINE.	N, WA 981	140	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETIC DATE
	Continued From page 1 is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 2, 2013 from 0830 to 1100 it was observed that the facility failed to maintain the fire rated doors on the corridors capable of self closing and latching tight to the frame, this has the potential for the passage of smoke throughout the facility in the event of a fire. These findings were acknowledged; edged at the time of the survey by the facility maintenance director. The findings were. 1. The double cross corridor fire separation doors on the second floor west hall failed to close and latch. (this deficiency was corrected at the time of the survey) 2. The double cross corridor fire separation doors by resident room #36 failed to close and latch tight to the frame. (this deficiency was corrected at the time of the survey) 3. The door to the small dinning room failed to close and latch tight to the frame. (this deficiency was corrected at the time of the survey)	K 018	I. #1, 2, 3 doors were fixed at time of walk through as noted and door 4 in social services has been modified so it closes properly. II. Rounds for other doors resulted in no further issues identified. III. Maintenance and Environment Service inserviced on 10/3/13 and 10/4/13. IV. Administrator will monitor for compliance.	10/4/13

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mailable 10/7/13

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 505252 B. WING 10/02/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BURIEN NURSING AND REHABILITATION CE 1031 SOUTHWEST 130TH STREET **BURIEN, WA 98146** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION KEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 018 Continued From page 2 K 018 K050 survey) 4. The door to the Social Services Office failed to close and latch tight to the frame. I. Fire Drills are done for night shift; however. K 050 NFPA 101 LIFE SAFETY CODE STANDARD K 050 the evaluation which SS=F makes them valid was Fire drills are held at unexpected times under varying conditions, at least quarterly on each not done. shift. The staff is familiar with procedures and is 11. Maintenance Director counseled and is aware

aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7,1.2

This Standard is not met as evidenced by: Surveyor: 19192 During review of the facility fire drill records on October 2, 2013 from 0830 to 1100 it was observed that the facility failed to conduct the required number of fire drills for the year, this has the potential for confusion of the staff in the event of a fire, this finding was acknowledged at the time of the survey by the facility maintenance director. Following are the findings:

1. There are no documented fire drills for the overnight shift.

19.3.2.6, NFPA 96

K 089 NFPA 101 LIFE SAFETY CODE STANDARD SS=D Cooking facilities are protected in accordance

> This Standard is not met as evidenced by: Surveyor: 19192

of the need to complete the evaluation of the fire drill. Back up staff

trained 10/4/13 Maintenance brings fire drill log to QAPI each month for review. Fire drill list of names AND evaluation will be verified.

IV. Administrator will monitor for compliance.

K 069

111.

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with 9,2.3.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO, 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER A BUILDING 01 - MAIN BUILDING 01 COMPLETED 505252 B. WING ___ 10/02/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BURIEN NURSING AND REHABILITATION CE** 1031 SOUTHWEST 130TH STREET **BURIEN, WA 98146** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG DATE OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 069. Continued From page 3 K 069 K050 During the facility tour and review of the facility test reports on October 2, 2013 from 0830 to L Facility received range 1100 it was observed that the facility failed to hood inspection maintain the commercial range hood suppression system, this has the potential for the spread of 9/2013 and were in fire on the range hood, this deficiency was process of getting the acknowledged at the time of the survey by the vendor back out to do facility maintenance director. The finding was: the work. 1. Review of the confidence test indicated that 11. Simplex Grinnel are the sprinkler heads for the range hood need to be scheduled to do the replaced. work on or before K 144 NFPA 101 LIFE SAFETY CODE STANDARD 10/15/2013 10/15/13

K 144

III.

IV.

K144

Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99.

This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 2, 2013 it was observed that the facility has a Temporary waiver for the emergency generator annunciator panel, this waiver id good for three years and expires in 2015.

Facility has a waiver for the existing generator until February 15, 2015. At that time, the waiver will be evaluated to determine if it is still

Maintenance Director

to review report and

recommendations immediately. Administrator will continue to review reports and authorize

follow up on

expense.

compliance.

appropriate.

Administrator to monitor for

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